Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0410803	LITTLE NOISES DAY CARE, LLC				NTNC	44	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
41 W.F. PALMER	RROAD	Connections	1					

Towns Served: EAST HADDAM			<u> </u>
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	•		
Asbestos (1094)	,	1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0410803	LITTLE NOISES DAY CARE, LLC				NTNC	44	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
41 W.F. PALMER	RROAD	Connections	1					

Towns Served: EAST HADDAM

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							

Other Comp	Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION EXEMPTION	3/1/2012								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018								

JODIVIII L	LAD CONSOIVIER NOTICE CERT	IIIICATE	12/2	29/2018				
	Wat	er System Facili	ty and Sampling P	oint Ir	iventoi	ry		
Water System Facility IE	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		LNDC001	INFANT ROOM	Α	Υ	2		
		LNDC0010	KITCHEN SINK 2	Α		N		
		LNDC0011	GIRL BATH	Α		N		
		LNDC0012	BOYS BATH	Α		N		
		LNDC002	INFANT ROOM KITCHEN	Α	Υ	2		
		LNDC003	TODDLER ROOM	Α	Υ	2		
		LNDC004	TODDLER ROOM 2	Α	Υ	2		
		LNDC005	HANDICAP STAFF BATH	Α	Υ	2		
		LNDC006	PRE-SCHOOL	Α	Υ	2		
		LNDC007	PRE-SCHOOL 2	Α	Υ	2		
		LNDC008	STAFF BATH	Α		N		
		LNDC009	KITCHEN SINK	Α		N		
		SCC001	KITCHEN SINK	1	Υ			
		SCC002	SCHOOL AGE SINK	1				
		SCC003	HANDICAP BATH	1				
		SCC004	PRESCHOOL LEFT	1				
		SCC005	PRESCHOOL RIGHT	1				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10191	WELL	2	WELL	Α				
50400	BLADDER TANK							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit				ر	,	e	
PWS ID PWS Name Clas				ssification	Population	Owner Type	Primary Source	
CT0410803	LITTLE NOISES DAY CARE, LLC			Classification Population Owner Type Primary NTNC 44 P GV				GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
41 W.F. PALMER	ROAD	Connections	1					

Towns Served: EAST HADDAM

			Cei	rtified Operate	or Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF ID: 00600)					
Facility Classification	on: SMALL WA	TER SYSTEM							Certificatio
Operator Name			Oper	ator Type	Certification(s)				Expiration
OWENS, EDWIN			CHIEF	OPERATOR	SMALL WATER SYS	ТЕМ ОРЕ	RATOR		9/30/202
				Contact Info	ormation				
Name Organization				 1			Job Title		
Ms. Kim Owens					Day Care, LLC		Owner/Mer	mber	
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
41 William F. Palme			P.O. Bo			Moodus		СТ	06469
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-873-9848		860-873-2	1036		860-301-8129	littlenoisesdc@aol.com			
Contact Role(s): A	dministrative	Contact, Leg	al Cont	act, Owner	1				
Name Organization					Job Title				
Mr. Edwin Owens				Little Noises	Day Care	Member			
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
41 W.F. Palmer Roa	ıd						СТ	06469	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Email Address		
860-873-9848		860-873-2	1036		860-301-8128	Kimowe1522@att.net			
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Ms. Brenda L. Owe	ns			Little Noises	Day Care, LLC		Member		
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
41 William F. Palme	er Road					Moodus		СТ	06469
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-873-9848		860-873-2	1036		860-305-4759				
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Mr. Jerry R. Owens	1			Little Noises	Day Care, LLC		Owner/Mer	mber	
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
41 William F. Palme	er Road					Moodus	i	СТ	06469
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-873-9848		860-873-2	1036		860-727-2091				
Contact Role(s): O	wner								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419013	EAST HADDAM ELEMENTARY SCHOOL				NTNC	600	L	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
JOE WILLIAMS R	OAD	Connections	1					

Towns Served:			+
Monitoring R	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		10 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00701)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419013		NTNC	600	L	GW			
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
JOE WILLIAMS ROAD		Connections	1					

Towns Served:

Monitoring Requirements									
Water System Facility: ENTRY POINT (WSF ID: 00701)									
Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three									
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
	1/1/20 - 12/31/22								
Organic Chemicals (VOCS)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

	Wate	er System Facili	ity and Sampling P	oint Ir	ventor	У		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		ES-00	JOE WILLIAMS ROAD	Α	Υ			
		ES-01	STAFF BATHROOM SINK	Α	Υ	1		
		ES-02	NURSES OFFICE SINK	Α	Υ	1		
		ES-03	GIRLS BR SINK 200	Α	Υ	1		
		ES-04	BOYS BR SINK 200	Α	Υ	1		
		ES-05	KITCHEN SINK	Α	Υ	1		
		ES-06	GIRLS BR SINK100	Α	Υ	1		
		ES-07	BOYS BR SINK 100	Α	Υ	1		
		ES-08	ROOM 102 BR SINK	Α	Υ	1		
		ES-09	ROOM 104 BR SINK	Α	Υ	1		
		ES-10	GIRLS BR SINK 300	Α	Υ	1		
		ES-11	BOYS BR SINK 300	Α	Υ	1		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00701	ENTRY POINT	3	ENTRY POINT	Α				
57619	WELL #2	2	WELL #2	Α				
57621	WELL # 3	2	WELL#3	Α				
57623	ATMOSPHERIC STORAGE							
57625	BOOSTER PUMP STATION							

Certified Operator Information

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0419013	EAST HADDAM ELEMENTARY SCHOOL				NTNC	600	L	GW	
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
JOE WILLIAMS ROAD		Connections	1						

Towns Served:

	Certified Opera	tor Information							
Water System Facility: DISTRI	BUTION SYSTEM (WSF ID: 00600))							
Facility Classification: SMALL WA	TER SYSTEM			Certification					
Operator Name	Operator Type	Certification(s)	Certification(s)						
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPER	RATOR - CLASS III	6/30/2020					
		WATER TREATMENT PLANT	OPERATOR - CLASS II	6/30/2021					
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPER	RATOR - CLASS I	6/30/2019					
		WATER TREATMENT PLANT OPERATOR - CLASS II							
	Contact In	formation							
Name	Organizatio	on	Job Titl	e					

East Haddam Public Schools

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Mailing Address Line One

Mr. Brian S. Reas

Business Phone

860-873-5090

26 Plains Road

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

P.O. Box 401

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-873-5092

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06469

Superintendent.

brian.reas@easthaddamschools.org

City

Moodus

Emergency Phone Email Address

State

CT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0419023	EAST HADDAM MUNICIPAL CENTER				NTNC	154	L	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 PLAIN ROAD		Connections			1			

Towns Served:			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	1/1/18 - 12/31/26		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete

Schedule Generation Date: 4/11/2019

	Connecticut I	Departmen	t of	Public H	lealth	n D	rinkir	ng V	Vater	Section	
	Water	Quality Mo	onite	oring an	d Con	np	liance	Scl	hedule	9	
PWS ID	PWS Name					Cla	assificatio	n Po	pulation	Owner Type P	rimary Source
CT0419023	EAST HADDAM MUN	ICIPAL CENTER					NTNC		154	L	GW
Local Addre	ss (where applicable)			Service	Resider	ntial	Comme	rcial	Industria	Combined	Agricultura
1 PLAIN ROA	AD			Connections			1				
Towns Serve	ed:										
		Me	onito	ring Requ	ıireme	ent	s				
Water Syst	tem Facility: ENTRY PO	INT (WSF ID: 00	700)								
Organic Cl	hemicals (VOCS)								1	routine (RT)	per quarter
Sampli	ing Point (Sampling Point I	D)			Monitor	ing	Period	Colle	ction Peri	od Compli	ance Status
					4/1/19	- 6/3	30/19				
					7/1/19	- 9/3	30/19				
		Oth	er Co	mpliance	Sched	dul	es				
Compliance	Schedule Activity					Due	Date		Achiev	ed Date	
SUBMIT LEA	AD CONSUMER NOTICE CER	TIFICATE			3	3/31	1/2019				
CROSS CON	NECTION SURVEY REPORT					3/1	/2020				
		Public	Noti	ification R	equire	em	ents				
			Co	mpliance	Notice	е	<u>Public</u>	Notif	ication	PN Cert	ification
Violation/S	ituation			Period	Tier		Require	d P	Performed	Due to DPH	Received
	emicals M&R Violation			18 - 9/30/18	3		11/19/20	19		11/29/2019	
Pesticides, I	Herbicides and PCBs - Phase	e M&R Violation	7/1/	18 - 9/30/18	3		11/19/20	19		11/29/2019	
	Wa	ter System F	acili	ty and Sai	npling	g Po	oint Inv	ent	ory		
Water								Total		ınd	
-	Nater System Facility		Point	Sampling Poi	nt		C	olifor			Stage
Facility ID	NCTRIBUTION	ID		Description	.1		Status	Rule	Kule I	ier Asbestos	WQP 2 DBP
00600	DISTRIBUTION	4 DOMNISTI	O F A N 4	DISTRIBUTIOI DISTRIBUTIOI		CTD	A	Y Y			
		UPSTRE		DISTRIBUTIO				Ϋ́			
00700 E	ENTRY POINT	3	AIVI	ENTRY POINT		EA	A A	T			
	WELL #1 - HALE WELL	2		WELL			A				
	WELL #2 - RAY WELL	2		WELL 2							
	STORAGE	2		VVLLL Z			Α				
00821	TORAGE	Couti	د: مط	Operator	Inform		ion				
M/-+- C	Facility DICTRIBUTE			Operator	intorm	nat	ion				
	tem Facility: DISTRIBUT		U600)								
_	ssification: SMALL WATER		T			/	a				Certification
Operator No	ame	Operato	ır ıvbe		ertificatio	บทเร	1				Expiration

60821 STORAGE										
Certified Operator Information										
Water System Facility: DISTR	IBUTION (WSF ID: 00600)									
Facility Classification: SMALL WA	TER SYSTEM		Certification							
Operator Name	Operator Type	Certification(s)	Expiration							
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	PERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III								
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021							
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019							
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020							
	Contact In	formation								
Name	Organizatio	on Job Titl	e							

Town of East Haddam

Mailing Address Line Two

Mobile Phone

P.O. Box 385

Fax

First Selectman

City

Moodus

Emergency Phone Email Address

Zip Code

06469

State

CT

Mr. Emmett Lyman

Business Phone

1 Plains Road

Mailing Address Line One

Extension

	Connectic	ut Depa	rtmen	t of	Public	Health	Drin	nking '	Water S	Section		
	Wa	ter Qual	lity Mo	nite	oring ai	nd Com	plia	nce So	chedule	<u>)</u>		
PWS ID	PWS Name						Classif	ication P	opulation C	Owner Type	Primary Source	
CT0419023	EAST HADDAM	MUNICIPAL (ENTER				NT	NC	154	L	GW	
Local Address (where applicable)					Service	Resident	tial Co	mmercial	Industrial	Combine	d Agricultura	
1 PLAIN ROAD					Connection	ıs		1				
Towns Served:										·		
860-873-5021	1_	860-873-5	025			860-885-	8046	admin@	easthaddan	n.org		
Contact Role(s):	Owner											
Name					Organization Job Title					5		
Ms. Linda Zemie	nieski			То	wn of East H	Haddam		Executive Assistant				
Mailing Address	Line One		Mailing Ac	ddress	Line Two			City State Zip Co			Zip Code	
1 Plains Road			P.O. Box 3	85				Moodus		СТ	06469	
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	Phone	Email Address				
860-873-5021		860-873-5	5025			860-885-	8046	admin@easthaddam.org				
Contact Role(s):	Legal Contact											
Name				Or	ganization					Job Title	9	
Mr. Ronald Turn	er			То	wn of East H	laddam			Director of	Ops.		
Mailing Address	Line One		Mailing Ac	ddress	Line Two				City	State	Zip Code	
1 Plains Road	ins Road P.O. Box 385						Moodus	Moodus CT 0				
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	Phone	Email Ad	dress			
860-873-5090								ronald.tu	ırner@east	haddam.org		
Contact Role(s):	Administrative	Contact										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0419033	LITTLE VILLAGE PRESCHOOL				NTNC	34	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
14 PLAINS ROAD		Connections			1			

Towns Served:	,	1	1
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/25		
Total Coliform (3100)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Di(2-Ethylhexyl) - Adipate (2035)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver

		ut Departme				U			
	Wat	ter Quality M	lonitoring a	ınd Comp	olian	ice S	chedul	e	
PWS ID	PWS Name			С	lassifica	ation P	Population	Owner Type P	rimary Source
CT0419033	LITTLE VILLAGE P	RESCHOOL			NTN	С	34	Р	GW
Local Address	(where applicable)		Service	Residentia	I Com	mercia	l Industria	l Combined	Agricultural
14 PLAINS ROA	\D		Connectio	ons		1			
Towns Served:					·				
			Ionitoring Re	quirement	ts				
•	•	POINT (WSF ID: 0	00700)						_
_	micals (VOCS)							tine (RT) per	•
	Point (Sampling Po	oint ID)		Monitoring			llection Per	iod Compl	iance Status
ENTRY PC	DINT (3)			1/1/17 - 12					
				1/1/20 - 12					
		Otl	her Complian	ce Schedu	les				
Compliance Sc	hedule Activity			Du	e Date		Achie	ved Date	
CROSS CONNE	CTION SURVEY REP	ORT		3/2	1/2020				
		Publi	c Notification	n Requirem	nents	;			
			Compliance	Notice	<u>Pu</u>	blic No	<u>tification</u>	PN Cer	<u>tification</u>
Violation/Situ			Period	Tier	Requ	uired	Performed	Due to DPH	Received
-		Phase M&R Violation	n 10/1/16 - 12/31,	/16 3	4/13,	/2018		4/23/2018	
Total Coliform	M&R Violation		11/1/16 - 11/30,	/16 3	4/13,	/2018		4/23/2018	
E. Coli			7/1/17 - 9/30/1	17 3	1/16,	/2019		1/26/2019	
	,	Water System	Facility and S	Sampling P	oint	Inven	ntory		
Water System Wa Facility ID	ter System Facility		g Point Sampling	Point	Statu	Tot Colife	tal Lead of	er	Stage WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUT	TON SYSTEM	Α	Υ	1		
00700 EN	TRY POINT	3	ENTRY PO	INT	Α				
10194 WE	LL	2	WELL		Α				
51371 PRE	SSURE STORAGE								
		Cert	ified Operato	or Informa	tion				
Water Syster	n Facility: DISTRI	BUTION SYSTEM	(WSF ID: 00600)						
Facility Classif	ication: SMALL WA	TER SYSTEM							Certification
Operator Nam	ne	Opera	tor Type	Certification(s)				Expiration
KLOBUKOWSK	I, STEVEN J.	CHIEF O	PERATOR	DISTRIBUTION	N SYSTE	M OPE	RATOR - CL	ASS III	6/30/2020
	•			WATER TREAT	ΓMENT	PLANT	OPERATOR	- CLASS IV	6/30/2019
			Contact Info	ormation					
Name			Organization					Job Title	
Mr. Michael N	laus		M & D Prope	rties, LLC.					
Mailing Addre	ss Line One	Mailing	Address Line Two				City	State	Zip Code
P.O. Box 172					ŀ	Hadlyme		СТ	06439
Business Pho	one Extension	Fax	Mobile Phone	Emergency Pl					

michaelmausd@comcast.net

860-395-7956

860-873-2584

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	

	Water quality Fromtering and Compliance Schodale								
PWS ID PWS Name			Classification		Population	Owner Type	Primary Source		
CT0419033	0419033 LITTLE VILLAGE PRESCHOOL				NTNC	34	Р	GW	
Local Address (where applicable)		Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural	
14 PLAINS ROAD		Connections			1				
Tarrina Camira di									

Towns Served:

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0419043 KINDERCARE LEARNING CORP OF MOODUS				NTNC	100	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
99 LEESVILLE ROAD		Connections	2					

Towns Served:			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Vater System Facility: ENTRY POINT (WSF ID: 00700)			
Chlordane (2959)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19	_	
	7/1/19 - 9/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

	Connecticut Department of	Public H	lealth	l Di	rinking	g Water	Section	
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419043	419043 KINDERCARE LEARNING CORP OF MOODUS				NTNC	100	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultural
99 LEESVILLE R	OAD	Connections	2					
Towns Served:								

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
	1/1/20 - 12/31/22							
Organic Chemicals (VOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete					
	1/1/20 - 12/31/22							

Monthly Water System Facility (WSF) Level Monitoring Requirements

	•	, , ,		<u> </u>	
Water System Facility: I	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary	/ Туре)	Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7 PF	l	4
Start Date: 1/1/2002		Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	./31/2019		N
		2/1/2019 - 2	2/28/2019		N
		3/1/2019 - 3	3/31/2019		
·	·	4/1/2019 - 4	/30/2019	·	

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
RESPOND TO SANITARY SURVEY	9/11/2015							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2017							
CROSS CONNECTION EXEMPTION	3/1/2020							

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
90th Percentile Copper Exceedance	1/1/14 - 12/31/16	2	5/24/2017		6/3/2017			
Lead and Copper TT Violation	4/1/17 -	2	2/10/2018		2/20/2018			

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW007-1	STAFF BATHROOM	Α	Υ	N			
		MW007-2	INFANT	Α	Υ	N			
		MW008	TODDLER YOUNG	Α	Υ	N			
		MW011	TODDLER OLD	Α	Υ	N			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name			Classifica	ion	Population	Owner Type	Primary Source		
CT0419043	CT0419043 KINDERCARE LEARNING CORP OF MOODUS					100	Р	GW	
Local Address (where applicable)		Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural	
99 LEESVILLE ROAD		Connections	2						

Towns Served:

	Water System Facility and Sampling Point Inventory								
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		9	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
		MW012	PRESCHOOL 3	Α	Υ	N			
		MW027	PLAY ROOM	Α	Υ				
		MW027-PLY	PLAY ROOM	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10196	WELL 2	2	WELL 2	Α					
46378	CHILDRENS DISCOVERY TREATMENT STATION								

Certified Operator Information

Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

Facility Classification: SMALL WATER SYSTE	M		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

			(Contact Inf	ormation				
Name			Organization	า	Job Title				
Ms. Michelle J. Gibbs				Kindercare L	earning Corp		Director		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
99 Leesville Road						Moodus	1oodus CT		06469
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress		
860-873-9666		860-873-3	3215			mgibbs@kindercare.com			
Contact Role(s): A	dministrative	Contact							
Name				Organization	า			Job Title	
Mr. Myron R Berns	tien 2Nd			99 Leesville	Rd		Owner		

Mailing Address Line OneMailing Address Line TwoCityStateZip Code14 Neptune CourtNew LondonCT06320Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419073 NATHAN HALE-RAY HIGH SCHOOL				NTNC	461	L	GW	
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
15 SCHOOL DRIV	/E	Connections	1					

Towns Served:			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/18 - 12/31/20	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18	_	Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Page 16

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419073	NATHAN HALE-RAY HIGH SCHOOL				NTNC	461	L	GW
Local Address (where applicable)		Service	Residen	ntial Comme		al Industri	al Combine	ed Agricultural
15 SCHOOL DRI	√E	Connections	1					

Towns Served:

Compliance Schedule Activity

Monitoring Requirements										
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Organic Chemicals (VOCS)		1 rc	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									

Other Compliance Schedules Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2019

CRUSS CC	INNECTION SURVEY REPORT		3/1	1/2019					
	Wate	er System Facili	ity and Sampling P	oint Ir	ventor	у			
Water System	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform	Lead and Copper	Ashastas	Sto	_
Facility ID			· · · · · · · · · · · · · · · · · · ·	Status	Rule	Kule Her	Aspestos	WQP 2 D	BPK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
			WITHIN 5 SERVICE CON	Α					
		HS-00	15 SCHOOL DRIVE	Α	Υ				
		HS-01	STAFF BATHROOM SINK	Α	Υ	1			
		HS-02	NURSES OFFICE SINK	Α	Υ	1			
		HS-03	BOYS BR SINK	Α	Υ	1			
		HS-04	GIRLS BR SINK	Α	Υ	1			
		HS-05	KITCHEN SINK	Α	Υ	1			
		HS-06	ROOM 114 SINK	Α	Υ	1			
		HS-07	ROOM 113 SINK	Α	Υ	1			
		HS-08	ROOM 115 SINK	Α	Υ	1			
		HS-09	ROOM 117 SINK	Α	Υ	1			
		HS-10	BOYS BR SINK 2FL	Α	Υ	1			
		HS-11	GIRLS BR SINK 2FL	Α	Υ	1			
		HS-12	STAFF BR SINK 2FL	Α	Υ	1			
		HS-13	MEDIA CNTR OFFICE	Α	Υ	1			
		HS-14	ROOM 134 SINK	Α	Υ	1			
		HS-15	ROOM 137 SINK	Α	Υ	1			
		HS-16	ROOM 142 SINK	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10198	WELL #3	2	WELL #3	Α					
10199	WELL #2	2	WELL #2	Α					
1211	NATHAN HALE-RAY HIGH SCHOOL TREATMENT								
54274	ATMOSPHERIC STORAGE								
59020	PUMP STATION								
59022	BLADDER TANKS								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Mon				C	,		
PWS ID PWS Name Classification Po						Population	Owner Type	Primary Source
СТ0419073	NATHAN HALE-RAY HIGH SCHOOL				NTNC	461	L	GW
Local Address (where applicable) Service Residential Comme						al Industri	al Combin	ed Agricultural
15 SCHOOL DR	5 SCHOOL DRIVE Connections 1							

Towns Served:

	Certified Opera	tor Information	1			
Water System Facility: NATHA	N HALE-RAY HIGH SCHOOL TREA	ATMENT (WSF ID: 1	211)			
Facility Classification: CLASS 1 TRE	ATMENT PLANT					Certification
Operator Name	Operator Type	Certification(s)				Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	DISTRIBUTION SYS	SS III	6/30/2020		
		WATER TREATMENT PLANT OPERATOR - CLASS I				6/30/2021
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYS	TEM OPERAT	TOR - CLAS	SS I	6/30/2019
		WATER TREATMEN	NT PLANT OP	ERATOR -	CLASS II	6/30/2020
	Contact In	formation				
Name	Organizatio	on			Job Title	
Mr. Brian S. Reas	East Hadda	am Public Schools	Su	perintend	dent.	
Mailing Address Line One	Mailing Address Line Tw	0	State	Zip Code		

Moodus

Emergency Phone | Email Address

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

26 Plains Road

Business Phone

860-873-5090

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

P.O. Box 401

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-873-5092

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

06469

CT

brian.reas@easthaddamschools.org

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0410334	GOODSPEED OPERA HOUSE				NTNC	150	Р	GW
Local Address (where applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
6 MAIN ST (RTE	82)	Connections			1			

Towns Served: EAST HADDAM			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

	<u>_</u>							
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0410334	GOODSPEED OPERA HOUSE				NTNC	150	Р	GW
Local Address (Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural	
6 MAIN ST (RTE 82)		Connections			1			

Towns Served: EAST HADDAM

HOUSE

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS) 1 routine (R					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2020

CITO 33 CC	THILE THE TOTAL SOUTH THE TOTAL		3/1	1,2020				
	Water	System Facili	ity and Sampling Po	oint Ir	vento	ry		
Water System	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform		Ashastas	Stage
Facility ID)	טו	Description	Status	Rule	Kule Her	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		GEL BAR	GELSTON MAIN BAR	Α	Υ	2		
		GEL KITCHEN	GELSTON KITCHEN	Α	Υ	2		
		GOH BAR	GOH BAR	Α	Υ	2		
		GOH KITCHEN	GOH KITCHEN SINK	Α	Υ	2	Υ	
		GOH MEN ONE	GOH FLOOR 1 MENS RM	Α	Υ	2		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10832	WELL	2	WELL	Α				
54407	HYDROPNEUMATIC STORAGE							
54409	ATMOSPHERIC STORAGE @ GELSTON HOUSE							
54411	BLADDER TANKS @ GELSTON							

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER	SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

				Contact Inf	ormation				
Name Organization				1			Job Title		
Mr. Edward C. Blaschik Goodspeed Opera House					Theatre Manager				
Mailing Address Lin	ie One		Mailing A	ling Address Line Two			City		Zip Code
6 Main Street P O Box		P O Box A	4	East			СТ	06423	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Quality N	Monitoring	g and	d Con	nplia	ince S	Schedul	e		
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source									Primary Source	
CT0410334	GOODSPEED OPERA HOUSE						ГИС	150	Р	GW	
Local Address (where applicable) Service Reside					Resider	ntial Commerci		al Industri	al Combine	ed Agricultural	
6 MAIN ST (RTE 8	32)		Conne	ections		1					
Towns Served: E	AST HADDAM					·			,		
860-873-8664	860-873-8664 326 860-873-2329 860-873-1089 ecb@goodspeed.org										
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact										

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1- - - C

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419193	NATHAN HALE-RAY MIDDLE SCHOOL				NTNC	620	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
73 CLARK GATES	S ROAD	Connections			1			

Towns Served: EAST HADDAM			
	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	-		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
, , ,	1/1/20 - 12/31/28		•
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		10 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Arsenic (1005)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419193	NATHAN HALE-RAY MIDDLE SCHOOL				NTNC	620	L	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
73 CLARK GATE	S ROAD	Connections			1			

Towns Served: EAST HADDAM

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS) 1 routine (RT) per year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18	6/1-9/30	Complete					
	1/1/19 - 12/31/19	6/1-9/30						
	1/1/20 - 12/31/20	6/1-9/30						

Other Compliance Schedules

	•	
Compliance Schedule Activity	Due Date	Achieved Date
CDOSS CONNECTION SUBVEY DEDORT	2/1/2020	

CROSS CO	NNECTION SURVEY REPORT		3/	1/2020				
	Wate	er System Facili	ity and Sampling P	oint Ir	vento	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	А				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MS-01	NURSES OFFICE SINK	Α	Υ	1	Υ	
		MS-02	MAIN OFFICE KITCHEN	Α	Υ	1	Υ	
		MS-03	LIBRARY WORK ROOM	Α	Υ	1	Υ	
		MS-04	STAFF BATH RM 223	Α	Υ	1	Υ	
		MS-05	STAFF BATH RM 215	Α	Υ	1	Υ	
		MS-06	GIRLS LOCKER ROOM	Α	Υ	1	Υ	
		MS-07	BOYS LOCKER ROOM	Α	Υ	1	Υ	
		MS-08	ART ROOM 210	Α	Υ	1	Υ	
		MS-09	MUSIC ROOM 218	Α	Υ	1	Υ	
		MS-10	KITCHEN	Α	Υ	1	Υ	
		MS-11	CAFE FOUNTAIN	Α	Υ	1	Υ	
		MS-12	STAFF ROOM 301	Α	Υ	1	Υ	
		MS-13	FCS ROOM 304	Α	Υ	1	Υ	
		MS-14	WORLD LANG RM 306	Α	Υ	1	Υ	
		MS-15	CLASSROOM 607	Α	Υ	1	Υ	
		MS-16	CLASSROOM 603	Α	Υ	1	Υ	
		MS-17	CLASSROOM 801	Α	Υ	1	Υ	
		MS-18	CLASSROOM 809	Α	Υ	1	Υ	
		MS-19	CLASSROOM 704	Α	Υ	1	Υ	
		MS-20	CLASSROOM 502	Α	Υ	1	Υ	
		MS-21	CLASSROOM 505	Α	Υ	1	Υ	
		MS-22	STAFF ROOM 510	Α	Υ	1	Υ	
		MS-23	CLASSROOM 409	Α	Υ	1	Υ	
		MS-24	CLASSROOM 406	Α	Υ	1	Υ	
		MS-25	CLASSROOM 404	Α	Υ	1	Υ	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Classification		Population	Owner Type	Pri	Primary Source	
CT0419193	CT0419193 NATHAN HALE-RAY MIDDLE SCHOOL				NTNC	620	L		GW	
Local Address (v	Service	Residen	ntial Commerci		al Industri	al Combin	ed	Agricultural		
73 CLARK GATE	Connections			1						

Towns Served: EAST HADDAM

	Water System Facility and Sampling Point Inventory								
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
55598	WELL 2	2	WELL 2	Α					
55600	WELL 3	2	WELL 3	Α					
55604	TREATMENT PLANT								
55606	ATMOSPHERIC TANK								
55608	BLADDER TANKS								
55610	PUMP STATION								

Certified	Operator	Information
-----------	----------	-------------

Water System Facility: TREATMENT PLANT (WSF ID: 55604)

Facility Classification: CLASS 2 TREATMENT PLANT						
Operator Name	Operator Type	Certification(s)	Expiration			
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020			
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021			
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019			
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020			

				Contact In	formation						
Name	Name				on		Job Title				
Mr. Brian S. Reas				East Hadda	East Haddam Public Schools			Superintendent.			
Mailing Address Lin	ne One		Mailing	Address Line Two	ress Line Two			State	Zip Code		
26 Plains Road			P.O. Bo	x 401		Moodus	i	СТ	06469		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-873-5090		860-873-	5092			brian.reas@easthaddamschools.org			org		
					·						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419223	CHESTELM ADULT DAY SERVICES, INC.				NTNC	39	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
542 TOWN STRE	ET	Connections	2		1			

Towns Served: EAST HADDAM			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/24		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water Quality Parameters (WQPD)		2 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Lead And Copper (PBCU)		1 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 6/30/19		Complete

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
	water Quarity Monniu	Ji ilig alii	a Guii	ıhı	lance	Cifeuui	C		
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source	
CT0419223	CHESTELM ADULT DAY SERVICES, INC.				NTNC	39	Р		GW
Local Address (w	vhere applicable)	Service	Residen	itial Commerc		al Industri	al Combir	ed	Agricultural
542 TOWN STREET		Connections	2		1				
Towns Served: E	AST HADDAM								

Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19	7/1-12/31	
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water Quality Parameters - Basic (WQP1)		2 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/18 - 12/31/18		Complete
Water System Facility: WELL 1 (WSF ID: 59897)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	10/18/18 - 10/24/18		Complete
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CCTS 1: PWS TO RECOMMEND OCCT	12/31/2016		
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/30/2017		
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2018		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2019		
SWTS 1: PWS TO RECOMMEND SOWT	6/30/2019		
CCTS 1: PWS TO RECOMMEND OCCT	6/30/2019		
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	12/31/2019		
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	12/31/2020		
CROSS CONNECTION SURVEY REPORT	3/1/2023		

Public Notification Requirements									
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
REVISED TOTAL COLIFORM RULE (RTCR)	11/19/18 - 11/20/18	3	2/28/2020	3/1/2019	3/9/2020	3/1/2019			

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		CADS1	KITCHEN SINK	Α	Υ	N	Υ		
		CADS2	EMPLOYEE BATH	Α	Υ	N			
		CADS3	MED ROOM	Α	Υ	N			

	donnectical Department of	I ublic I	Carti		3111111111	, water	Decelon	
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419223	T0419223 CHESTELM ADULT DAY SERVICES, INC.				NTNC	39	Р	GW
Local Address (where applicable)	Service	Residential		Commerci	al Industri	al Combin	ed Agricultural
542 TOWN STR	EET	Connections	2		1			
Towns Served:	EAST HADDAM					·	·	

	Wa	ter System Facili	ty and Sampling P	oint Ir	iventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		CADS4	HANDICAP BATH	Α	Υ	N			
		CADS5	CLIENT BATHROOM	Α	Υ	Ν			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
59897	WELL 1	2	WELL 1	Α					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL W	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2019
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2019

			C	Contact Info	ormation					
Name				Organization	Organization			Job Title		
Mr. Mark Epright	Mr. Mark Epright				alth & Rehab Center		Cfo			
Mailing Address Line One Mailing Add				dress Line Two			City	State	Zip Code	
534 Town Street P.O. Box 71			.9		Moodus		СТ	06469		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
860-873-6500	DLIN	860-873-	2307	860-873-6500			mepright@chestelm.com			
Contact Role(s): A	dministrative	Contact, Leg	al Contact							
Name				Organization	Organization			Job Title		
Mr. Brinton Eprigh	t									
Mailing Address Line One Mailing Add P. O. Box 54:			dress Line Two			City	State	Zip Code		
			48			Higganum		06441		
Business Phone	Extension	Fax	N	Mobile Phone	hone Emergency Phone Email Address					

Contact Role(s): Owner

860-873-1455

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule